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## DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that: My residence, post office address and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed at 201) below or an original, first and joint inventor (if plural names are listed at 201-206 below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

OPTICAL PICKUP

which is described and claimed in:

$\boxtimes$	the specification attached hereto.
	the specification in U.S. Application Serial Number, filed on
□ filed on	the specification in PCT international application Number,; and was amended on

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a). I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed.

Prior Foreign/PCT Applications and Any Priority Claims Under 35 U.S.C. §119:					
Application No.	Filing Date	Country	Priority Claimed Under 35 U.S.C. §119?		
2002-218811	July 26, 2002	Japan	ØYES □NO		
2002-302235	October 16, 2002	Japan	ØYES □NO		
2002-336882	November 20, 2002	Japan	ØYES □NO		
2002-340074	November 22, 2002	Japan	ØYES □NO		
2003-056343	March 3, 2003	Japan	ØYES □NO		
2003-188778	June 30, 2003	Japan	ØYES □NO		

I hereby claim the benefit under 35 U.S.C. §120 of any United States application(s) or PCT international application(s) designating the United States of America that is/are listed below, and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior application(s) in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose material information as defined in 37 CFR §1.56(a) which occurred between the filing date of the prior application(s) and the national or PCT international filing date of this application:

	U.S. Applica	tions	Sta	Status (Check On )		
Application	Serial No.	U.S. Filing Date	Patented	ted Pending Abane		
			ļ	<u></u>		
PCT Ap	plications Desig	gnating the U.S.				
Application No.	Filing Date	U.S. Serial No. Assigned				

## CLAIM FOR BENEFIT OF PRIOR U.S. PROVISIONAL APPLICATION(S) (35 U.S.C. §119(e))

I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional application(s) listed below:

Applicant	Provisional Application Number	Filing Date

**POWER OF ATTORNEY**: As a named inventor, I hereby appoint the following attorney(s) with full powers of association, substitution and revocation to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

David G. Conlin	(Reg. No. 27,026)	Robert L. Buchanan	(Reg. No. 40,927)	Steven M. Jensen	(Reg. No. 42,693)
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6	District Control			

I hereby further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further, that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Signature of Inventor 201	Signature of Inventor 202	
Sumito Nishioka	Nolmo Ogata	
Date: July 4, 2003	Date: July 4, 2003	
Signature of Inventor 203  Kuo Nakano	Signature of Inventor 204	
Date: July 4, 2003	Date:	
Signature of Inventor 205	Signature of Inventor 206	
Date:	Date:	

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